

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35731
Registrar's No. 9180

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St Louis Mo
(c) Name of hospital or institution: Barnes Hospital
(d) Length of stay: In hospital or institution 14 hours
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St Louis
(d) Street No. 522 W Raymond
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME EMMA FLORENCE WILSON
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 26 year 1946 hour 12 minute 3 AM
21. I hereby certify that I attended the deceased from 1940 to Oct 26 1946
that I last saw h. OK alive on Oct 26 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color Wh 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 6 1880
(Month) (Day) (Year)

Immediate cause of death Acute meningitis - pneumococcal Duration _____
Due to _____
Due to _____

8. AGE: Years 66 Months 1 Days 20 If less than one day _____ min.

Other conditions Otitis media, rt. hypertension
Major findings: _____
Of operations _____

9. Birthplace Kilgore Texas
(City, town, or county) (State or foreign country)

Of autopsy Same as above

10. Usual occupation at home

11. Industry or business _____

12. Name Mamie Reed

13. Birthplace Texas
(City, town, or county) (State or foreign country)

14. Maiden name Marie Cunningham

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Ellie Valandingham

(b) Address 502 22 Raymond Ave

17. (a) Burial _____ (b) Date thereof 10-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral home Chas. F. Stuart

(b) Address 1225 Union Blvd

19. (a) OCT 28 1946 (Date received local registrar) J. F. Bredek (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature JR Bradley (M. D. or other) _____

Address Barnes Hospital Date signed 10-26-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

34553

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Bernard A. J. Stuart*

Licensed Embalmer No. *13500*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.